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9 (415) 898-1247 (Fax No.)

10 Attorneys for Plaintiff

11 UNITED STATES DISTRICT COURT
12 EASTERN DISTRICT OF PENNSYLVANIA

13 IN RE: ASBESTOS PRODUCTS LIABILITY
14 LITIGATION (NO. VI),

Civil Action No. MDL 875

15 This document relates to James Guthrie, Tony
16 Davidson, Ronald Zerangue, Samuel Rester,
17 John Gray, Elmer Parolini, Wayne Dufault, Jesse
18 Beverly, Jr. v. General Electric Company, Todd
19 Shipyards Corporation, Lockheed Martin
20 Corporation, Raytheon Aircraft Company,
21 McDonnell Douglas Corporation, United States
22 District Court for the Northern District of
23 California, Case No. C07-2542-JL, Filed May
24 14, 2007.

STATEMENT OF CASE STATUS AS
TO PLAINTIFF Ronald C. Zerangue

25 Pursuant to Administrative Order No. 12 of May 31, 2007, the above-referenced plaintiff
26 makes the following statements:

27 1. SUBMISSION OF IDENTIFICATION INFORMATION

28 Plaintiff (full name): Ronald C. Zerangue ;

Date of Birth: August 23, 1948;

Last four digits of plaintiff's social security number: "0797";

Plaintiff is a: asbestos-related injury victim. (The person who suffered the asbestos-
related injury was Ronald C. Zerangue).

2. SUBMISSION OR RELATED COURT ACTIONS

Plaintiff identifies the following related actions, the status of each of the following being

1 "pending" in the court unless otherwise indicated; with additional information on these related
2 action(s) attached hereto and incorporated herein by this reference:

3 Ronald C. Zerangue v. Asbestos Defendants, San Francisco Superior Court of the State
4 of California, Case No. 274024.Claim of the Asbestos Injured Party for his personal injury. This
5 case is active, pre-trial.

6 3. SUBMISSION OF STATEMENT OF CASE STATUS

7 A. Plaintiff identifies the following defendants as non-bankrupt and unsettled the
8 above stated plaintiff has pled against: GENERAL ELECTRIC COMPANY

9 B. Plaintiff has achieved resolution of plaintiff's claim with the following
10 defendants: Not applicable.

11 C. Plaintiff now desires to dismiss from Plaintiff's action the following Defendants:
12 Not applicable.

13 D. Plaintiff identifies the following defendant(s) as currently in bankruptcy: Not
14 applicable.

15 4. SUBMISSION OF MEDICAL REPORTS

16 Plaintiff submits that attached medical diagnosing report / opinion based upon objective
17 and subjective data which is identified and descriptively set out within the report / opinion which
18 will withstand a dispositive motion, and is based on objective and subjective data which is
19 identified and descriptively set out within the report / opinion.

20 5. ALTERNATIVE PLAINTIFF SUBMISSION

21 Not Applicable.

22 6. TIMING REOUIREMENTS

23 Above plaintiff's action was filed on May 14, 2007 making this submission due on or
24 before August 1, 2007.

25 7. SCREENED CASES

26 Plaintiff's claims are not the result of a mass screening.

27 8. EXCLUSIONS

28 This case is not designated as 2MDL 875 (MARDOC).

9. SETTLEMENT CONFERENCE / SUGGESTIONS OF REMAND

Plaintiff asks that a settlement conference be set in this matter and seeks remand of this case back to the originating court.

10. MANNER OF SUBMISSIONS

In accordance with FRCivP Rule 5, a copy of the foregoing submission is served upon all parties in this above-identified action (Case No.C07-2542-JL) pursuant to the local rules of the United States District Court for the Northern District of California, upon filing with that Court, using that Court's transmission facilities by means of the Court's CM/ECF (Case Management / Electronic Case Filing) system.

Dated: 7/10/07

BRAYTON♦PURCELL LLP

By: 

David R. Donadio
Attorneys for Plaintiff Ronald C. Zerangue

DEFENDANTS IN RELATED COURT ACTION

ALLIS-CHALMERS CORPORATION PRODUCT LIABILITY TRUST
CLEAVER-BROOKS, INC.
BUCYRUS INTERNATIONAL, INC.
THOMAS DEE ENGINEERING CO., INC.
FOSTER WHEELER LLC
GARLOCK SEALING TECHNOLOGIES, LLC
GENERAL ELECTRIC COMPANY
LAMONS GASKET COMPANY
OWENS-ILLINOIS, INC.
PARKER-HANNIFIN CORPORATION
QUINTEC INDUSTRIES, INC.
RAPID-AMERICAN CORPORATION
R.F. MACDONALD CO.
UNIROYAL HOLDING, INC.
VIACOM, INC.
ZURN INDUSTRIES, INC.
WESTERN MacARTHUR COMPANY
MacARTHUR COMPANY
WESTERN ASBESTOS COMPANY
HONEYWELL INTERNATIONAL, INC.
FORD MOTOR COMPANY
GENERAL MOTORS CORPORATION
TOYOTA MOTOR SALES U.S.A., INC.
NISSAN NORTH AMERICA, INC.
TITUSVILLE BOILER COMPANY
DAIKEN KOGYO COMPANY
HOPEMAN BROTHERS, INC.
J.T. THORPE & SON, INC.
METROPOLITAN LIFE INSURANCE COMPANY
GATKE CORPORATION
AMERICAN CONFERENCE OF GOVERNMENTAL INDUSTRIAL HYGIENISTS, INC.
UNDERWRITERS LABORATORIES, INC.
PNEUMO ABEX LLC AND EXEDY GLOBALPARTS CORPORATION
and DOES 1-8500,

Defendants.

Ronald Zerangue vs. Asbestos Defendants (B♣P)
San Francisco Superior Court

BRAYTON♦PURCELL LLP
ATTORNEYS AT LAW
222 RUSH LANDING ROAD
P.O. Box 6169
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East Bay Pulmonary Medical Group Professional Corporation

Herman R. Bruch, M.D.
Richard A. Bordow, M.D.
Frederick J. Nachtwey, M.D.
Abid Majid, M.D.

*Pulmonary Medicine
Internal Medicine
Critical Care Medicine
Occupational Lung Diseases
Sleep Medicine*

January 30, 2007

Alan R. Brayton, Esq.
Brayton Purcell Law Firm
222 Rush Landing Road
Novato, CA 94948

RE: RONALD C. ZERANGUE
DOB: 08-23-1948

MEDICAL-LEGAL EVALUATION

Dear Mr. Brayton:

At your kind request, I had the pleasure of seeing Mr. Ronald C. Zerangue for a medical-legal evaluation regarding pulmonary consequences of the industrial exposure that he experienced while working in a variety of trades between 1972 and the present time. I did a complete pulmonary evaluation, including review of medical history, review of occupational history, physical examination, review of pulmonary function studies, and review of a CT scan done at Doctors Hospital San Pablo on January 30, 2007. These evaluations were performed in my office in San Pablo on January 30, 2007.

CHIEF COMPLAINT AND HISTORY OF PRESENT ILLNESS

The patient is a 58-year-old Caucasian man, former auto mechanic and engine room worker, who is referred for a medical-legal evaluation in conjunction with exposures to a variety of toxic agents that he experienced during his work career.

The patient is currently being treated for ulcerative colitis and is cared for by the VA Hospital for this condition as well as for hypertension and hypercholesterolemia. He smoked 1 pack per day of cigarettes for approximately nine years between 1968 and 1977 and inhaled. He denies a history of lung disease and atherosclerotic heart disease (i.e., angina and myocardial infarction). He has no cough or shortness of breath. He occasionally wheezes in the morning and coughs up clear sputum. He has never had a workup or complained to a physician regarding this symptom. He is able to keep up with other men his own age. He has intermittent symptoms that appear related to chronic sinusitis including intermittent headaches, but these symptoms are inconsistent.

MEDICAL-LEGAL EVALUATION

RE: RONALD C. ZERANGUE

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There is no history of childhood lung disease and no prior history of tuberculosis, rheumatic fever, or other medical problems.

During his work career, he describes extensive exposure to asbestos fiber dust while working and removing lagging and insulation in different careers. He is being evaluated today for possible pulmonary injury from these exposures.

PAST MEDICAL HISTORY

No history of diabetes mellitus, tuberculosis, or rheumatic heart disease. Positive for hypertension, increased cholesterol, sinus disease, and ulcerative colitis.

MEDICATIONS

1. Atenolol 50 mg one b.i.d.
2. Hydrochlorothiazide 25 mg one-half tab daily.
3. Levothyroxine 0.25 daily.
4. Lovastatin 40 mg q.h.s.
5. Aspirin 81 mg daily.
6. Fish oil 1000 mg and omega-3 one per day.
7. Daily multivitamins.

ALLERGIES

None.

HOSPITALIZATIONS

None.

SURGERY

Sinus times two as an outpatient, one for a deviated septum.

MEDICAL-LEGAL EVALUATION
RE: RONALD C. ZERANGUE
January 30, 2007, Page 3

SOCIAL HISTORY

He is currently a nonsmoker (see above). He drank moderately up until about 10 years ago, but has not had anything since then.

PERSONAL/FAMILY HISTORY

He is married. He has one child, age 32, who has a child, age 12, with asthma. His father died at age 83 of kidney failure. His mother died around age 88, he believes of a cerebrovascular accident. There is no history of lung disease in the family.

REVIEW OF SYSTEMS

He has been in reasonably good health. He has a good appetite. His weight is stable. He describes himself as active.

CNS: No history of strokes or seizures. He has periodic sinus headaches.

Musculoskeletal: He has a little bit of pain in his fingers and some morning stiffness; otherwise unremarkable.

Cardiovascular: Negative.

Pulmonary: See History of Present Illness.

Gastrointestinal: History of ulcerative colitis for one year; however, approximately five years ago he had endoscopy for rectal bleeding. No history of other gastrointestinal abnormalities.

Genitourinary: No history of kidney or bladder problems.

OCCUPATIONAL HISTORY

For the last three weeks, he has been on a new job installing office furniture. In 2006, he was unemployed, primarily due to ulcerative colitis.

Between 1981 and 2006, he worked full-time as an auto mechanic. He did general mechanic work, including brakes and clutches, and worked in a specialty shop doing sports cars. He was not exposed to toxins, but did do at least one brake job per day on

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RE: RONALD C. ZERANGUE

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the old-fashioned brakes, including asbestos-containing brake pads. He said this was quite dusty and he would be blowing out the drums with an air hose, and he could see visible dust in the air. He also owns 12 cars and for the last 30 years he has done one brake job per car per year.

Between 1976 and 1981, he worked for Allied or General Chemical in Richmond as a maintenance mechanic. He was exposed to a variety of toxic fumes, including sulfur, hydrosulfuric acid, and other gases. He often worked with insulation, particularly for asbestos-insulated gaskets on catalytic converters (approximately every two months for approximately two days). He stated that he manually pulled the gaskets apart and then replaced them. He said it was very dusty and that he could see visible dust in the air and that he also was responsible for reapplying insulating material that contained asbestos. He knocked the insulation off with a hammer to remove the lagging. During the last couple of years of this employment, he did wear a mask.

Between 1972 and 1976, he worked in the U.S. Navy as a boiler tender doing maintenance on steam lines that were covered with asbestos insulation. Whenever there was a leak or a need for maintenance, he removed the insulation, which was comprised of asbestos, using a hammer and chisel and ripping it apart. This was quite a dusty job. He did it mostly indoors. His clothes were covered with the visible dust.

There were no other exposures to toxic materials that he could recall during his working career.

PHYSICAL EXAMINATION

On physical examination, the patient is an alert comfortable gentleman in no acute distress.

Vital Signs: SaO₂ is 97%. Blood pressure 145/95 (notified him that it was elevated). Heart rate 50. Respiratory rate 14.

HEENT: Examination of the head, eyes, ears, nose, and throat is unremarkable. The pupils are equal, round, and reactive to light. Extraocular movements intact. The fundi are benign.

Neck: The neck is supple. There is no cervical or supraclavicular adenopathy.

Chest: Clear to percussion and auscultation.

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RE: RONALD C. ZERANGUE
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Cardiac: Examination of the heart reveals a regular rhythm without gallops, murmurs or rubs.

Abdomen: Soft, no hepatosplenomegaly.

Extremities: No clubbing, cyanosis or edema.

Neurologic: Grossly unremarkable.

PULMONARY FUNCTION STUDIES

Pulmonary function studies were done at Doctors Hospital San Pablo on January 30, 2007. The vital capacity and other static lung volumes were within normal range. During the forced vital capacity maneuver, the FEV₁/FVC was mildly reduced at 73%, and there is some concavity on the flow-volume loop. Following the administration of bronchodilators, there was a significant improvement in airflow as measured by the improvement in the FVC and FEV₁, suggesting that at least some of this airflow obstruction was reversible. The pulmonary diffusing capacity was mildly reduced at 70% of predicted, suggesting that a gas exchange abnormality is also present.

Conclusion: This is an abnormal pulmonary function study showing reversible airflow obstruction, but no evidence for restrictive lung disease. The abnormal pulmonary diffusing capacity suggests a gas exchange abnormality and could reflect the presence of either underlying interstitial lung disease or underlying emphysema.

CT SCAN

A noncontrast thin-section high-resolution CT of the thorax was done at Doctors Hospital San Pablo on January 30, 2007. Multiple contiguous 7-mm axial helical images were acquired throughout the entire chest in the prone and supine positions. Standard CTs were also done of the lungs and upper abdomen. The heart and mediastinum are normal. There was a profusion of centrilobular nodular opacities on the prone views. In addition, there are bilateral pleural plaques and a calcified left diaphragmatic pleural plaque.

These films were reviewed by Dr. Donald Breyer on February 8, 2008 and his report is attached. Dr. Breyer concluded that the parenchymal findings were "consistent with mild interstitial fibrosis..." and that there were bilateral pleural plaques. Regarding the

MEDICAL-LEGAL EVALUATION
RE: RONALD C. ZERANGUE
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calcified pleural findings he concluded that they were "pathognomonic of asbestos related pleural disease".

IMPRESSION

1. History of cigarette smoking, approximately 10 pack-years.
2. History of intermittent intense asbestos exposure in his employment as a maintenance mechanic, auto mechanic, and home car enthusiast.
3. Chronic obstructive pulmonary disease in association with cigarette smoking with reversible airflow obstruction.
4. Asbestosis secondary to #2
5. Asbestos pleural disease secondary to #2
6. History of hypertension.
7. History of hypercholesterolemia.
8. History of hypothyroidism.
9. History of chronic sinus disease.
10. History of ulcerative colitis.

DISCUSSION

Thank you for asking me to evaluate Mr. Zerangue. In summary, he is an asymptomatic 58 year old man with (1) a history of relatively intense asbestos exposure in a variety of employments, (2) abnormal pulmonary function studies, suggesting reversible airflow obstruction and a gas exchange abnormality, and (3) an abnormal thin-section high-resolution CT showing changes consistent with interstitial fibrosis and pleural plaques. His physical examination is normal. I believe that the interstitial fibrosis is more likely than not to be due to his asbestos exposure and that the plaques are a consequence of his asbestos exposure. He also has chronic obstructive pulmonary disease, which is most likely secondary to his cigarette smoking, and his pulmonary function studies demonstrate that this is at least partially reversible. The observed gas exchange abnormality could be a consequence of underlying emphysema or of

MEDICAL-LEGAL EVALUATION
RE: RONALD C. ZERANGUE
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destructive lung disease as is seen in asbestosis. Fortunately, he has not suffered a pulmonary disability at this time from his employment.

RECOMMENDATIONS

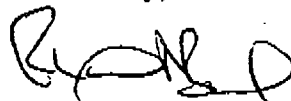
Mr. Zerangue is currently asymptomatic. His pulmonary function studies suggest that he has a component of reversible airflow obstruction and he might benefit from a medication program in the future (including rescue and control drugs), should his clinical condition dictate this. He clearly should maintain his nonsmoking status.

Mr. Zerangue has asbestosis and is relatively young. In view of the long latency period between asbestos exposure and adverse effects, it is possible that his asbestosis could progress as he ages. Therefore, he should have periodic thin-section CT scans of the chest and pulmonary function studies, at least every three years and regular monitoring of his oxygen saturation. His medical program should focus on measures of good lung health to include yearly influenza vaccination, pneumococcal vaccination, and early treatment of respiratory tract infection. Further exposure to asbestos fiber dust should be avoided.

Mr. Zerangue's asbestos exposure is worrisome and requires that he be followed carefully and re-evaluated regularly because he has a markedly elevated risk for the development of primary lung cancer and additionally for the development of other cancers of the pleura, upper airways, gastrointestinal tract, and kidneys. His risk for lung cancer is further aggravated by his cigarette smoking history. I have discussed my findings with Mr. Zerangue today.

Thank you very much for asking me to see him in consultation. If I can be of any further help in explaining my findings, please feel free to contact me.

Yours truly,



Richard A. Bordow, M.D.

RAB/mt504/181

07/17/2007 10:13 5109705740

DMC SP HIM-MED REC

No. 9335 P. 9/23

PAGE 01/01

DOCTORS MEDICAL CENTER

San Pablo Campus 2000 Vale Road. San Pablo, CA 94806

PT: ZERANGUE, RONALD DOB:

ADM: 01/30/2007

ACCT: 0703000111 MR#: ROOM:

Richard Bordow, MD* 200706130096367800

AUTH ID: 646

OTHER


Pulmonary function study was done on the patient on 01/30/07.

The operator noted that the patient exhibited a good and consistent effort and ATS criteria were met. The vital capacity and other static lung volumes were within normal range. During the forced vital capacity maneuver, the FEV1/FVC was mildly reduced at 73%, and there was some concavity on the flow volume loop particularly at lower lung volumes. Following administration of bronchodilators, there was a significant improvement in air flow as measured by the improvement in the FVC and FEV1 suggesting only some of this air flow obstruction is reversible. The pulmonary diffusing capacity was mildly reduced to 70% of predicted suggesting that a gas exchange abnormality is also present. This is an abnormal pulmonary function study showing reversible air flow obstruction but no evidence of restrictive lung disease. The abnormal pulmonary diffusing capacity suggests a gas exchange abnormality and could reflect the presence of other underlying interstitial lung disease or underlying emphysema as contributing factors.

RB: Spheris25884

D: 06/13/07 09:51 T: 06/13/07 10:59 DOCUMENT: 200706130096367800

Richard Bordow, MD*


Date Received: _____
M.D. Initials: _____
Date: _____

Authenticated by Richard Bordow, M.D. On 06/26/2007 09:47:33 AM

DEPARTMENT OF PULMONARY MEDICINE
DOCTORS MEDICAL CENTER
SAN PABLO CAMPUS

- 1). Name: ZERANQUE, RONALD
- 2). Height: 69 1/4 in. Finger tip to finger tip: _____ in.
- 3). Weight: 196 lbs.
- 4). Tested here before? Yes _____ No ✓ Date _____
- 5). Patient's cooperation: Good ✓ Fair _____ Poor _____
- 6). Patient's comprehension: Good ✓ Fair _____ Poor _____
- 7). Comments: GOOD + CONSISTENT EFFORTS.
ATS CRITERIA MET.
- _____
- _____
- _____
- _____

DOCTORS MEDICAL CENTER SAN PABLO
2000 VALE RD
SAN PABLO, CA

Name: Zerangue, Ronald	ID: 0703000111	BSA: 2.05	Date: 01/30/2007
Tech: Trewin, Greg, RPFT	Height: 69.25	Age: 58	Room: OP
Doctor: Bordow, Richard	Weight: 196.00	Sex: Male	Race: Caucasian

Diagnosis:

Dyspnea:

Cough:

Wheeze:

Tbco Prod:

Yrs Smk:

Pks/Day:

Yrs Quit:

Medications:

Pre Test Comments:

Post Test Comments: Predicted lung volumes, spirometry, and DLCO are from Crapo, et al, ARRD, Volume 123, pages 650-664 and 185-190, 1981.

	Pre-Bronch			Post-Bronch		
	<u>Pred</u>	<u>Actual</u>	<u>%Pred</u>	<u>Actual</u>	<u>%Pred</u>	<u>%Chng</u>
— SPIROMETRY —						
FVC (L)	4.66	4.15	89	4.32	93	4
FEV1 (L)	3.68	3.03	82	3.26	88	8
FEV1/FVC (%)	79	73	92	75	95	3
FEF 25% (L/sec)	7.83	5.05	64	4.97	63	-2
FEF 75% (L/sec)	1.47	0.92	62	1.32	90	44
FEF 25-75% (L/sec)	3.52	2.18	62	2.87	82	32
FEF Max (L/sec)	9.20	7.31	79	7.43	81	2
FIVC (L)		4.07		4.13		1
FIF Max (L/sec)	3.80	6.14	162	6.57	173	7
— LUNG VOLUMES —						
SVC (L)	4.66	4.35	93	4.39	94	1
IC (L)	3.31	3.25	98	3.47	105	7
ERV (L)	1.35	1.10	81	0.92	68	-17
TGV (L)	3.53	2.61	74			
RV (Pleth) (L)	2.16	1.51	70			
TLC (Pleth) (L)	6.84	5.86	86			
RV/TLC (Pleth) (%)	32	26	81			
Trapped Gas (L)						
— DIFFUSION —						
DLCOunc (ml/min/mmHg)	34.13	24.04	70			
DLCOcor (ml/min/mmHg)	34.13	23.97	70			
DL/VA (ml/min/mmHg/L)	5.11	3.92	77			
VA (L)	6.76	6.11	90			
Hgb (gm/dL)	12-18	14.7				
— AIRWAYS RESISTANCE —						
Raw (cmH2O/L/s)	1.45	0.81	56			
Gaw (L/s/cmH2O)	1.03	1.24	120			
sRaw (cmH2O*s)	4.76	2.54	53			
sGaw (1/cmH2O*s)	0.20	0.39	197			

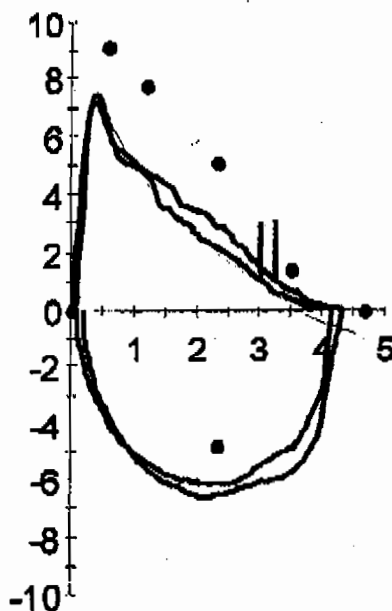
DOCTORS MEDICAL CENTER SAN PABLO
2000 VALE RD
SAN PABLO, CA

Name:	Zerangue, Ronald	ID:	0703000111	BSA:	2.05	Date:	01/30/2007
Tech:	Trewin, Greg, RPFT	Height:	69.25	Age:	58	Room:	OP
Doctor:	Bordow, Richard	Weight:	196.00	Sex:	Male	Race:	Caucasian

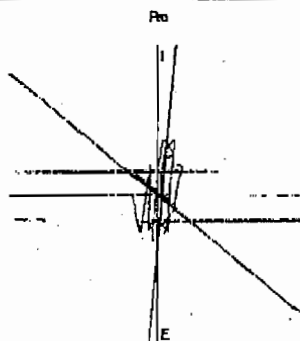
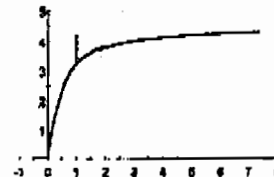
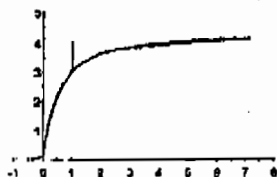
Pre-Bronch			Post-Bronch		
<u>Pred</u>	<u>Actual</u>	<u>%Pred</u>	<u>Actual</u>	<u>%Pred</u>	<u>%Chng</u>

DOCTORS MEDICAL CENTER SAN PABLO
 2000 VALE RD
 SAN PABLO, CA

Name: Zerangue, Ronald	ID: 0703000111	BSA: 2.05	Date: 01/30/2007
Tech: Trewin, Greg, RPFT	Height: 69.25	Age: 58	Room: OP
Doctor: Bordow, Richard	Weight: 196.00	Sex: Male	Race: Caucasian



• Pred — Pre - - - Post

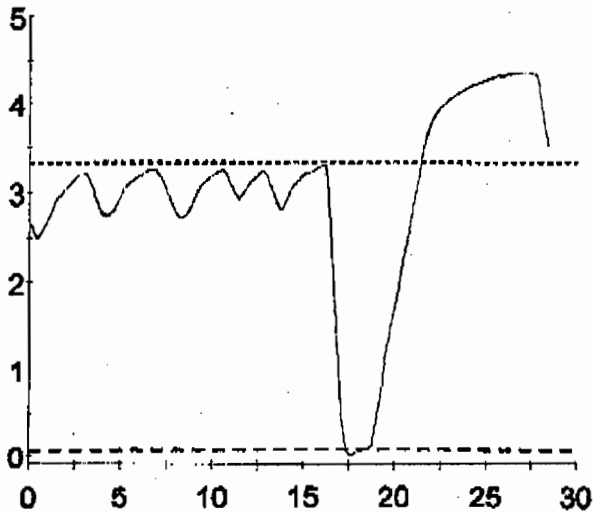


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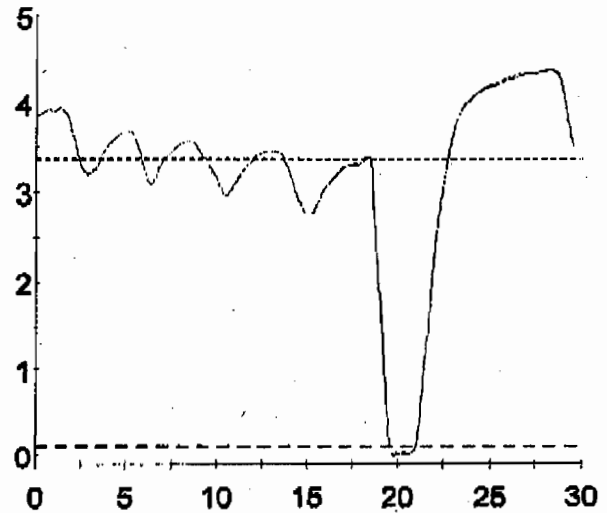
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Tech: Trewin, Greg, RPFT	Height: 69.25	Age: 58	Room: OP
Doctor: Bordow, Richard	Weight: 196.00	Sex: Male	Race: Caucasian

Time	Select	RpLp	Test Mode	Source	SVC absolute	SVC % p/c	IC absolute	IC % p/c
Predicted					4.66		3.31	
Pre								
09:43:19				SVC	4.05	87	3.32	100
09:44:46				SVC	4.18	90	3.36	102
09:46:17	*			SVC	4.35	93	3.25	98
10:08:12				DLCO	4.38	94	3.74	113
10:16:17				DLCO	4.12	88	3.18	96
AVG			Pre/Baseline		4.35	93	3.25	98
Post								
10:17:35				SVC	4.29	-1	3.26	+0
10:18:37				SVC	4.37	+0	3.39	+4
10:19:26	*			SVC	4.39	+1	3.47	+7
AVG			Post		4.39	+1	3.47	+7

09:46:17



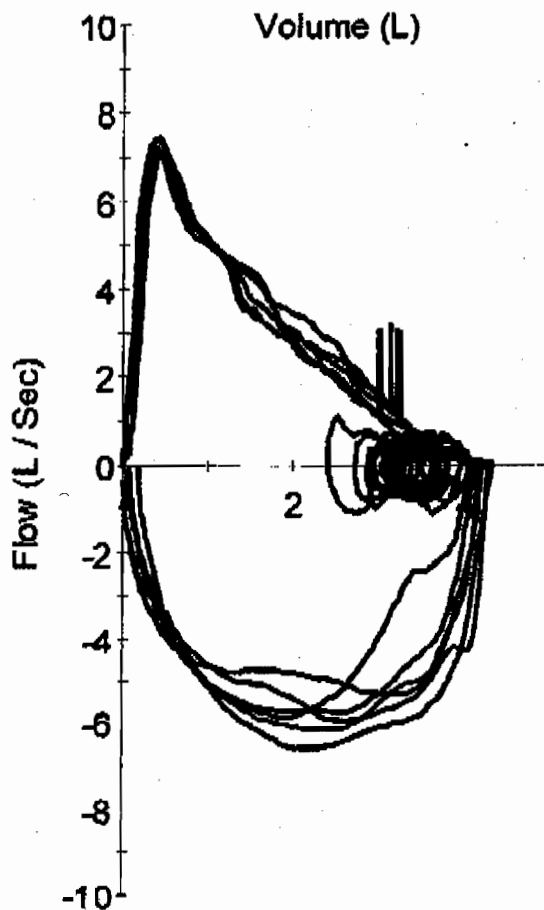
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DOCTORS MEDICAL CENTER SAN PABLO
 2000 VALE RD
 SAN PABLO, CA

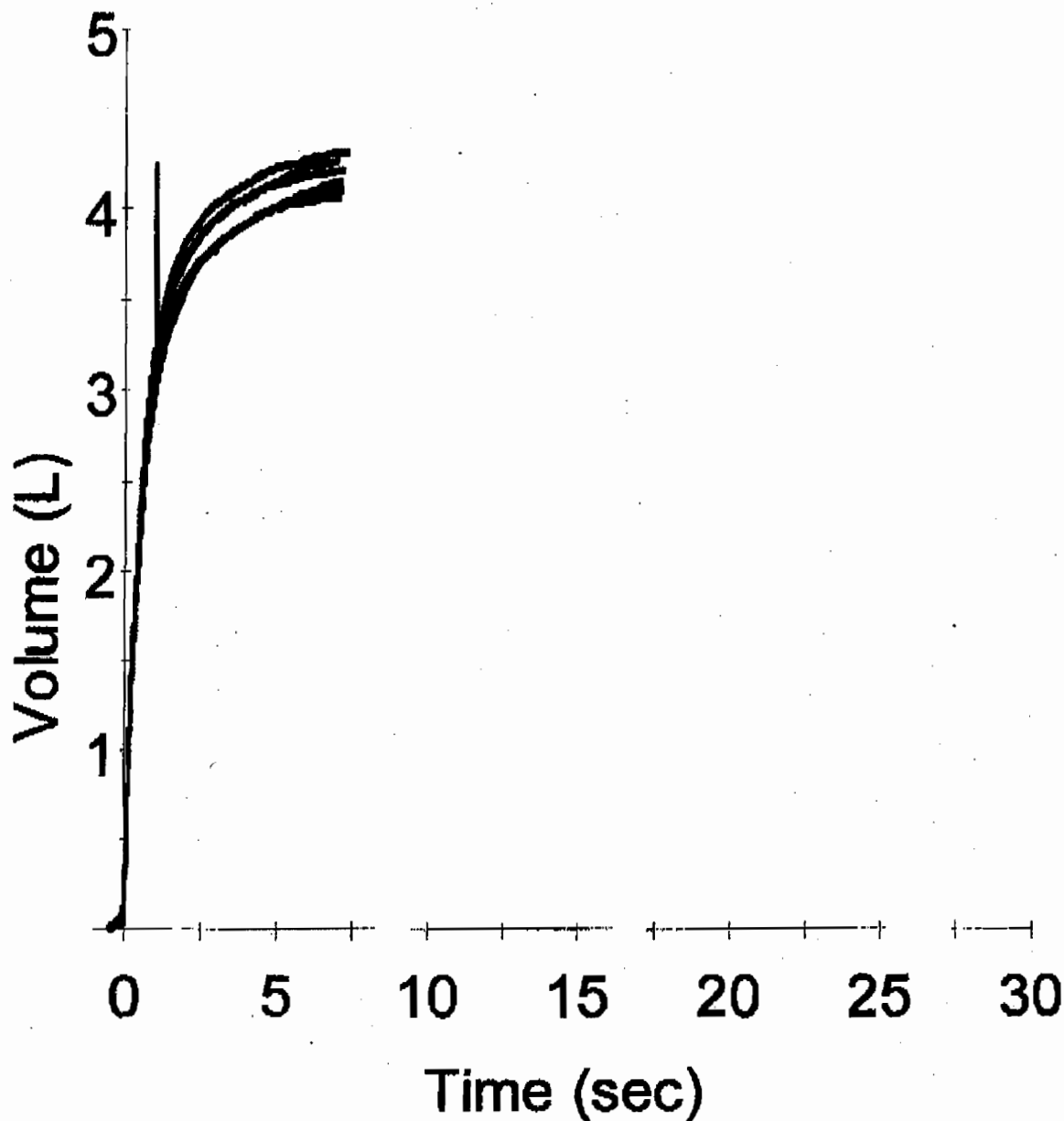
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Tech: Trewin, Greg, RPFT	Height: 69.25	Age: 58	Room: OP
Doctor: Bordow, Richard	Weight: 196.00	Sex: Male	Race: Caucasian

Time	Select	I-Lp	Test Mode	ATS	FVC absolute	FVC % p/c	FEV1 absolute	FEV1 % p/c	FEV1/FVC absolute	FEF 25-75% absolute
Pre										
09:50:18	*				4.15	89	3.00	82	72	2.18
09:49:27	*				4.11	88	3.02	82	73	2.25
09:47:25	*				4.07	87	3.03	82	74	2.35
ATS			Pre/Baseline		4.15	89	3.03	82	73	2.18
Post										
10:20:05	*				4.32	+4	3.26	+8	75	2.87
10:22:23	*				4.27	+3	3.15	+4	74	2.57
10:21:24	*				4.21	+1	3.21	+6	76	2.72
ATS			Post		4.32	+4	3.26	+8	75	2.87



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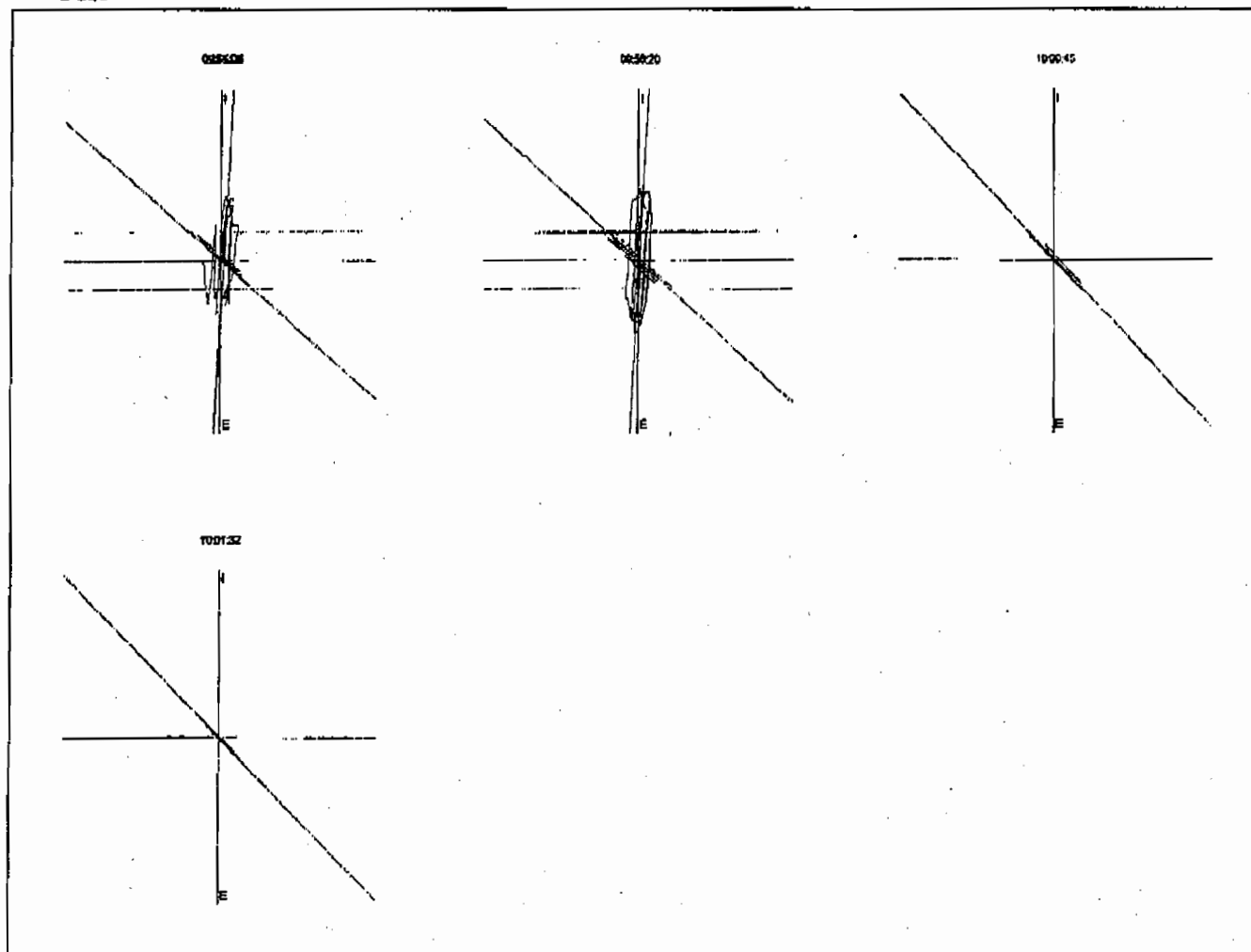


DOCTORS MEDICAL CENTER SAN PABLO
 2000 VALE RD
 SAN PABLO, CA

Name: Zerangue, Ronald	ID: 0703000111	BSA: 2.05	Date: 01/30/2007
Tech: Trewin, Greg, RPFT	Height: 69.25	Age: 58	Room: OP
Doctor: Bordow, Richard	Weight: 196.00	Sex: Male	Race: Caucasian

Time RAW ~~SEEN~~ SelectPp Test Mode Codes

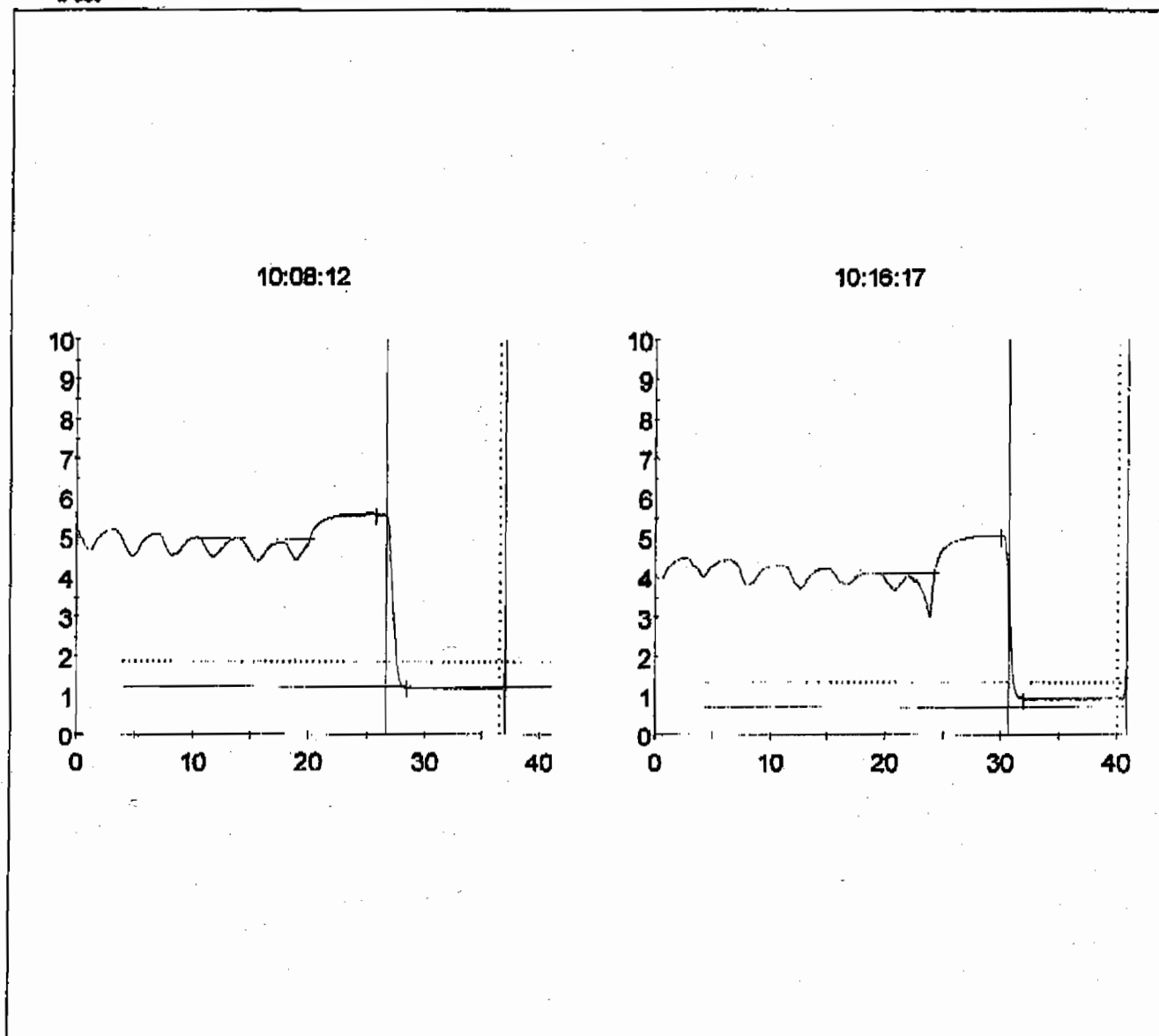
			Raw absolute	Raw % p/c	Gaw absolute	Gaw % p/c	sRaw absolute	sRaw % p/c
Predicted			1.45		1.03		4.76	
Pre								
09:55:06	*	*	0.80	56	1.24	121	2.55	54
09:55:53			0.71	49	1.40	136	2.24	47
09:56:20	*		0.81	56	1.23	120	2.53	53
10:00:17		Invalid						
10:00:45	*							
10:01:09		Invalid						
10:01:32	*							
AVG		Pre/Baseline	0.81	56	1.24	120	2.54	53
Post								



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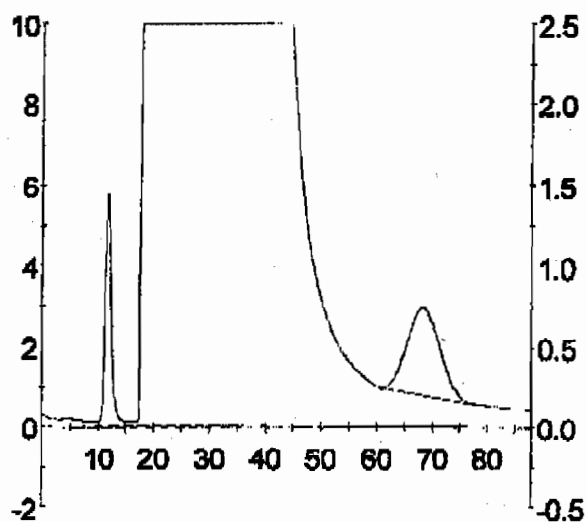
Time	Select	RpLp	Test Mode	Codes	Protocol	DLCOnuc absolute	DLCOnuc % p/c	DLCOcor absolute	DLCOcor % p/c	DL/VA absolute
Predicted						34.13		34.13		5.11
Pre										
10:08:12	*			Jones-Mea		24.23	71	24.16	71	3.88
10:16:17	*			Jones-Mea		23.85	70	23.78	70	3.97
AVG			Pre/Baseline			24.04	70	23.97	70	3.92
Post										



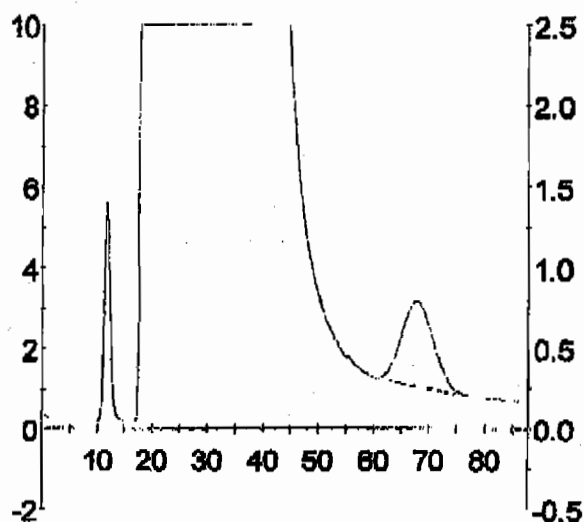
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Tech:	Trewin, Greg, RPFT	Height:	69.25	Age:	58	Room:	OP
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10:08:12



10:16:17





San Pablo

2000 Vale Road
San Pablo, CA 94806
Phone (510) 970-5292

PATIENT DIAGNOSTIC REPORT

Verified

PATIENT NAME: ZERANGUE, RONALD C

EXAM : CT CHEST/THORAX W/O CM

PATIENT CLASS	MED REC #	ACCOUNT #	ACCESSION #	SEX	RACE
OUTPATIENT	00083430	0703000111	0016019	M	1
BIRTHDATE	AGE @ EXAM	LOCATION	ADMISSION DATE		
08/23/48	58 yr		01/30/07 7:41 am		

ADMITTING PHYSICIAN : BORDOW, RICHARD A
ATTENDING PHYSICIAN : BORDOW, RICHARD A

REFERRING PHYSICIAN : UNKNOWN, PHYSICIAN
CONSULTING PHYSICIAN :

ACCESSION #	ORDER DATE	EXAM DATE	REQUESTING SERVICE
0016019	01/30/07	1/30/2007	RADIOLOGY/SAN PABLO
REASON : ASBESTOS PLEURAL DISEASE		ADMITTING DX : ASBESTOS PLEURA	
EXAM : CT CHEST/THORAX W/O CM			

CT SCAN OF THE CHEST/THORAX (71250), 1-30-07:

CLINICAL HISTORY:

Asbestos exposure.

PROCEDURE:

Contiguous non-overlapping 7 mm axial images were obtained from the lung apices through the hemidiaphragms using helical scanning technique, without use of either intravenous or oral contrast.

FINDINGS:

There is pleural thickening with pleural calcification bilaterally. This is most prominent in the anterior aspect of both upper lungs. There is some pleural calcification dorsally on the left. There is no demonstration of focal parenchymal nodule. There is no interstitial lung disease. Coronary artery calcification is present. There is no mediastinal mass or adenopathy.

IMPRESSION:

1. Bilateral pleural plaquing with calcification.
2. No interstitial lung disease.
3. Coronary artery calcification.

TRANSCRIBED : BAVILEZ 02/01/2007 9:26
PATIENT NAME : ZERANGUE, RONALD C

Dictated by : EVANS, HAYDEN O
Signed by : EVANS, HAYDEN O
Signed Date : 02/01/2007 9:32

Page 1 of 2

Date Received: _____
M.D. Initial: _____
Date: _____

2/1/2007 9:34 AM FROM: Fax TO: +1 (510) 233-3114 PAGE: 002 OF 002

PATIENT NAME: ZERANGUE, RONALD C

EXAM : CT CHEST/THORAX W/O CM

PATIENT CLASS	MED REC #	ACCOUNT #	ACCESSION #	SEX	RACE
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ATTENDING PHYSICIAN : BORDOW, RICHARD A

REFERRING PHYSICIAN : UNKNOWN, PHYSICIAN
CONSULTING PHYSICIAN :

DD: 01/31/07 at 1506 hours

DD:

Hayden O. Evans, MD

TRANSCRIBED : BAVILEZ 02/01/2007 9:28
PATIENT NAME : ZERANGUE, RONALD C

DICTATED BY : EVANS, HAYDEN O
SIGNED BY : EVANS, HAYDEN O
SIGNED DATE : 02/01/2007 9:32

DONALD BREYER, M.D., F.A.C.R.
Certified ILO B Reader

6861 Gunn Drive
Oakland, CA 94611
(510) 339-9204
Fax: (510) 338-0069

February 8, 2007

ZERANGUE, RONALD

EXAMINATION: A CT scan of the chest including conventional and high resolution images. High resolution images are obtained in prone and supine positions. The study is performed at Doctors Medical Center San Pablo on 1/30/07 and is technically adequate.

DATE OF EXAMINATION: January 30, 2007

In the nondependent lung fields on the prone high resolution images there are bilateral changes of an increased profusion of ill defined centrilobular nodular opacities.

Bilateral changes of chest wall and diaphragmatic pleural plaque are noted. These include bilateral calcified chest wall pleural plaques. Chest wall plaque calcification is noted on both anterior and posterior chest walls. Calcified left pericardial pleural plaque is also present.

Borderline cardiomegaly.

IMPRESSION:

THE PARENCHYMAL FINDINGS PRESENT ARE COMPATIBLE WITH MILD INTERSTITIAL FIBROSIS. THE DISTRIBUTION AND APPEARANCE ARE COMPATIBLE WITH ASBESTOS RELATED INTERSTITIAL FIBROSIS.

BILATERAL CHANGES OF CHEST WALL AND DIAPHRAGMATIC PLEURAL PLAQUE INCLUDING BILATERAL CALCIFIED CHEST WALL PLEURAL PLAQUES ARE PRESENT. CALCIFIED LEFT DIAPHRAGMATIC PLEURAL PLAQUE IS ALSO SEEN. THESE FINDINGS ARE PATHOGNOMONIC OF ASBESTOS RELATED PLEURAL DISEASE.

al



CLINICAL LABORATORY REPORT

PAGE: 1

HEMATOLOGY

SPECIMEN DATE 01/30/07
SPECIMEN TIME 0740

BLOOD COUNT

WBC X 10³ 5.7
RBC X 10⁶ 4.89
HEMOGLOBIN 14.7
HEMATOCRIT 44
MCV 90
MCH 30
MCHC 33.7
RDW 12.4
PLATELET X 10³ 212
MEAN PLT VOL 7.4

REFERENCE	UNITS
(4.8-10.8)	/CMM
(4.22-5.70)	/CMM
(13.5-16.6)	GM/DL
(40-50)	%
(80-94)	FL
(26-33)	PG
(32.0-36.0)	GM/DL
(11.6-14.5)	%
(130-392)	/CMM
(7.4-10.4)	PL

DOCTORS MEDICAL CENTER

2000 VALE ROAD
SAN PABLO, CA 94806

MEDICAL DIRECTOR, JOHN D. BORRINO, MD

Date Receive: 

Date: _____

PATIENT: ZERANGUE, RONALD C

MEDICAL RECORD NUM: (00002)000083430

FINANCIAL NUM: 703000111

DOB: 08/23/1948

SEX: M

PHYSICIAN: BORDOW, RICHARD A

ADMIT DATE: 01/30/2007

NSG STN: 02LA

ROOM:

BED:

PRINT DATE: 01/30/2007

PRINT TIME: 1436

REPORT TYPE: CUMULATIVE

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CC



ZERANGUE, RONALD C.

DATE OF RADIOGRAPH

MONTH	DAY	YEAR
10	20	2003

WORKER'S Social Security Number

--	--	--	--	--	--	--	--	--	--

Note: Please record your interpretation of a single film by placing an "x" in the appropriate boxes on this form.

ROENTGENOGRAPHIC INTERPRETATION

TYPE OF READING

<input type="checkbox"/> A	<input checked="" type="checkbox"/> B	<input type="checkbox"/> F
----------------------------	---------------------------------------	----------------------------

1. FILM QUALITY <input checked="" type="checkbox"/> Overexposed (dark) <input type="checkbox"/> Improper position <input type="checkbox"/> Underinflation <input type="checkbox"/> Underexposed (light) <input type="checkbox"/> Poor contrast <input type="checkbox"/> Motion <input type="checkbox"/> Artifacts <input type="checkbox"/> Poor processing <input type="checkbox"/> Other (please specify) _____ (If not Grade 1, mark all boxes that apply)																																	
2A. ANY PARENCHYMAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> Complete Sections 2B and 2C NO <input type="checkbox"/> Proceed to Section 3A																																	
2B. SMALL OPACITIES a. SHAPE/SIZE <table border="1"> <tr> <th>PRIMARY</th> <th>SECONDARY</th> </tr> <tr> <td><input type="checkbox"/> p <input checked="" type="checkbox"/> q <input type="checkbox"/> r</td> <td><input type="checkbox"/> s <input checked="" type="checkbox"/> t <input type="checkbox"/> u</td> </tr> </table> b. ZONES <table border="1"> <tr> <th></th> <th>R</th> <th>L</th> </tr> <tr> <td>UPPER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input checked="" type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> </table> c. PROFUSION <table border="1"> <tr> <th></th> <th>0/-</th> <th>0/0</th> <th>0/1</th> </tr> <tr> <td>UPPER</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>MIDDLE</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>LOWER</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> </table>	PRIMARY	SECONDARY	<input type="checkbox"/> p <input checked="" type="checkbox"/> q <input type="checkbox"/> r	<input type="checkbox"/> s <input checked="" type="checkbox"/> t <input type="checkbox"/> u		R	L	UPPER	<input type="checkbox"/>	<input type="checkbox"/>	MIDDLE	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	LOWER	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		0/-	0/0	0/1	UPPER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MIDDLE	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LOWER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2C. LARGE OPACITIES SIZE <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C Proceed to Section 3A
PRIMARY	SECONDARY																																
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3A. ANY PLEURAL ABNORMALITIES CONSISTENT WITH PNEUMOCONIOSIS? YES <input checked="" type="checkbox"/> Complete Sections 3B, 3C NO <input type="checkbox"/> Proceed to Section 4A																																	
3B. PLEURAL PLAQUES (mark site, calcification, extent, and width) <table border="1"> <tr> <th rowspan="2">Chest wall</th> <th colspan="2">Site</th> <th colspan="2">Calcification</th> <th rowspan="2">Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3</th> <th rowspan="2">Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c</th> </tr> <tr> <th>In profile</th> <th>Face on</th> <th>In profile</th> <th>Face on</th> </tr> <tr> <td>Diaphragm</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> <tr> <td>Other site(s)</td> <td><input checked="" type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L</td> <td><input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3</td> <td><input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c</td> </tr> </table>		Chest wall	Site		Calcification		Extent (chest wall; combined for in profile and face on) Up to 1/4 of lateral chest wall = 1 1/4 to 1/2 of lateral chest wall = 2 > 1/2 of lateral chest wall = 3	Width (in profile only) (3mm minimum width required) 3 to 5 mm = a 5 to 10 mm = b > 10 mm = c	In profile	Face on	In profile	Face on	Diaphragm	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input checked="" type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c	Other site(s)	<input checked="" type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> O <input type="checkbox"/> R <input type="checkbox"/> L	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	<input type="checkbox"/> a <input type="checkbox"/> b <input type="checkbox"/> c							
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3C. COSTOPHRENIC ANGLE OBLITERATION <input type="checkbox"/> R <input type="checkbox"/> L Proceed to Section 3D NO <input checked="" type="checkbox"/> Proceed to Section 4A																																	
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4A. ANY OTHER ABNORMALITIES? YES <input type="checkbox"/> Complete Sections 4B, 4C, 4D, 4E NO <input checked="" type="checkbox"/> Proceed to Section 5																																	
4B. OTHER SYMBOLS (OBLIGATORY) <table border="1"> <tr> <td>aa</td><td>at</td><td>ax</td><td>bu</td><td>ca</td><td>cg</td><td>cn</td><td>co</td><td>cp</td><td>cv</td><td>di</td><td>ef</td><td>em</td><td>es</td><td>fr</td><td>hi</td><td>ho</td><td>id</td><td>ih</td><td>kl</td><td>mc</td><td>pa</td><td>pb</td><td>pi</td><td>px</td><td>ra</td><td>rp</td><td>tb</td> </tr> </table> <input type="checkbox"/> OD If other diseases or significant abnormalities, findings must be recorded on reverse. (Section 4C/4D) Date Physician or Worker notified? MONTH DAY YEAR		aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	mc	pa	pb	pi	px	ra	rp	tb				
aa	at	ax	bu	ca	cg	cn	co	cp	cv	di	ef	em	es	fr	hi	ho	id	ih	kl	mc	pa	pb	pi	px	ra	rp	tb						
4E. Should worker see personal physician because of findings in section 4? YES <input type="checkbox"/> NO <input type="checkbox"/> MONTH DAY YEAR																																	

S.

Donald Breyer, M.D.
 6861 Gunn Drive
 Oakland, CA 94611-1442

DATE OF READING

MONTH	DAY	YEAR
09	29	2006

4C. MARK ALL BOXES THAT APPLY: (Use of this list is intended to reduce handwritten comments and is optional)

Abnormalities of the Diaphragm

- ☐ Eventration
- ☐ Hiatal hernia

Airway Disorders

- ☐ Bronchovascular markings, heavy or increased
- ☐ Hyperinflation

Bony Abnormalities

- ☐ Bony chest cage abnormality
- ☐ Fracture, healed (non-rib)
- ☐ Fracture, not healed (non-rib)
- ☐ Scoliosis
- ☐ Vertebral column abnormality

Lung Parenchymal Abnormalities

- ☐ Azygos lobe
- ☐ Density, lung
- ☐ Infiltrate
- ☐ Nodule, nodular lesion

Miscellaneous Abnormalities

- ☐ Foreign body
- ☐ Post-surgical changes/sternal wire
- ☐ Cyst

Vascular Disorders

- ☐ Aorta, anomaly of
- ☐ Vascular abnormality

4D. OTHER COMMENTS
